



Vaccine Access

Reducing barriers to Covid-19 Vaccines

Stipend Request Form

Texas organizations can apply for grants to help more individuals with developmental disabilities and their family members access vaccines for COVID-19. For more information, please go to <https://tcdd.texas.gov/grants-rfas/funding-available-for-grants/request-for-stipend-applications/>.

Instructions: Complete all sections of the application form. Please review the accompanying guidelines prior to completing this form.

Part 1: Applicant (Organization) Information

- A. Legal Name of Organization:** **DBA Name (if applicable):**
- B. Address:**
- C. Telephone:** **D. Fax:** **E. Email Address:**
- F. Check Type of Organization:**
- | | |
|---|---|
| <input type="checkbox"/> (01) State Agency | <input type="checkbox"/> (02) Local Government Agency |
| <input type="checkbox"/> (03) Private, Non-Profit | <input type="checkbox"/> (04) Public, Non-Profit |
| <input type="checkbox"/> (05) Private, For-Profit | <input type="checkbox"/> (06) Institution of Higher Education |
- G. What types of services does your organization provide?**
- H. What is your organization's mission?**
- I. Organization's 14-digit State Comptroller Vendor ID:**
- J. DUNS Number:**
- K. Website:**

Part 2: Description of Activities

- A. Brief description of the activities (including content, target audience and how you will increase access to vaccinations):**
- B. City and/or Geographic Location:**
- C. Stipend Start Date:** **End Date:**
- D. Estimated number of participants to be reached:**

E. Name of Contact Person for This Stipend:

Title:

Address:

Telephone:

Email address:

Part 3: Stipend Funding Request

Please identify the anticipated expenses for this stipend. Please include a short explanation for each item in the budget (justification) along with the requested amounts. The funding request should include only direct costs for the allowable expenses listed in the funding overview.

A. TCDD Funds Request

Number of Individuals to be served by this Stipend	
Number of Family Members to be served by this Stipend	
Number of others to be served by this Stipend	

Provide the stipend budget detail information below.

Activity Description	Justification	TCDD Funds
Activity:		
Activity:		
Activity:		
Activity:		
Other:		
Other:		
Other:		
Stipend Budget Total		

Part 4: Terms and Conditions

- Organizations that receive funds will be responsible for complying with all rules and procedures of TCDD.
- Awards must be spent within 120 days of the award.
- Documentation and receipts will be required for all expenditures.
- Payments are made on a reimbursement basis.
- No matching funds as a share of direct costs is required.
- Funds are limited to one \$15,000 stipend grant per organization at one time. TCDD may consider an application for additional stipend grants prior to September 30, 2022, however, first priority will be given to requests from organizations that have not received an event stipend grant during that period.

- Program report summarizing the results and benefits of the activity, the number of individuals vaccinated, and the Reimbursement Report, must be submitted no later than 30 days after the end of the stipend date.

Part 5: Statutory/Program Assurances

In order to apply for a TCDD stipend to support increased access to vaccinations, applicant organizations must read and agree to the [federal funding guidelines outlined below](#).

Certification Statement

The grantee hereby assures and certifies that it will comply with all guidelines and requirements with respect to this grant project as specified by:

- The Texas Council for Developmental Disabilities, as outlined in federal regulations in *Title 45 CFR Part 75*, and other relevant cost principles.

If granted funds under this funding program, I certify that I have read and accept all assurances and certifications and do hereby certify, warrant, and confirm that compliance with the assurances will be maintained.

Agency Authorizing Official:

Title:

Date:

Signature of Authorizing Official: _____



For Consumers and Family Members Stipend Request Form – Instructions

Please use the following instructions to complete the stipend request form:

PART 1: Applicant (Organization) Information

A. – K. Provide information about the applicant organization as indicated.

PART 2: Event Information

- A. Brief description of the Activities:** Indicate how the activities will increase vaccination among individuals with developmental disabilities and family members of individuals with developmental disabilities.
- B. Activity Location:** Indicate the location (i.e., site and city) at which the activities will take place.
- C. Stipend Start and End Dates:** The Stipend Start Date and End Date should reflect the first and last day of the month in which the activities will take place.
- D. Estimated number of participants in activities that lead to vaccination:**
Estimate the total number of participants expected to benefit from stipend activities. If possible, estimate the number of individuals with developmental disabilities, the number of family members or other individuals such as caregivers or support providers who may be vaccinated.
- F. Name and Title of Contact Person for the Event:** Provide the name and contact information for the person with whom TCDD may communicate regarding this stipend grant, if awarded.

PART 3: Stipend Amount Request

Part A: TCDD Funds Request

Provide the stipend budget detail, including the number of individuals and/or family members that will benefit from stipend activities, and the individual stipend amount. TCDD costs may include:

- education about the importance of receiving a vaccine,
- helping with scheduling a vaccine appointment,
- arranging, and providing, accessible transportation,

- providing companion/personal support,
- identifying people unable to independently travel to a vaccination site, and
- providing technical assistance to local health departments on vaccine accessibility.

Match Funds Contribution

Match funds are not required for these stipends.

PART 4: Terms and Conditions

This section describes terms and conditions of the stipend. By accepting the stipend, the applicant agrees to comply with these terms and conditions.

PART 5: Assurances

In order to apply for stipend support grants, applicants must read and agree to the TCDD Assurances. By signing the certification statement, the applicant acknowledges to have read and agree to comply with all the Assurances found in this application. Applicant must complete the Certification Statement, sign, and return it with the completed Application to TCDD. The Application must include the signed Certification Statement to be accepted.

Download, review, and sign the [Program Assurances](#).